

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Monthly Soldier Counseling:

To:

- Discuss duty performance for the month of _____. (highlight positive performance, annotate negative and recommend courses of action)
- Cover duty performance, personal issues, promotions, and upcoming events.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

1. I would like to take this opportunity to congratulate you on
2. Duty Performance: Your performance for the past month has been satisfactory. I encourage you to continue to strive for excellence in your day-to-day performance standards. During the next month, you need to accomplish the following tasks:
3. Personal Issues:
4. Promotion Potential:
5. Upcoming Events:
6. In closing, I expect good things from you and in everything we do. We will accomplish these tasks together as a team. If you need assistance in an area, do not hesitate to ask for assistance or guidance. Again, should you have any problems, contact me immediately at _____.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

During our next counseling session, we will review how well you accomplished your tasking and the progress toward your goals.

Tasks that must be accomplished:

Short term goals:

Long term goals:

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

- Assist soldier in accomplishing tasks and goals as necessary.
- Afford soldier the opportunity to enroll in college/correspondence courses.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.